



Third Party Tester Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ All applicants—including partners, corporate officer(s) and/or controlling stockholders, or the principal of a high school program—must sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ All applicants—including partners, corporate officer(s) and/or controlling stockholders or the principal of a high school program—are required to complete Sections 2 and 3. You may photocopy these sections accordingly.
- ☐ All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- ☐ Submit a draft of student third party contract complete with program address and phone number. (Form # RC-TPT-102)
- ☐ Submit a signed Third Party Testing Agreement. (Form # RC-TPT-300)

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

Printed Name

Legal Signature

Date

**Please submit application and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, Georgia 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Third Party Tester Application

SECTION 1: Applicant Information

Full Name of Licensed Driver Training School _____ Certification # _____

Names of School Owner(s) _____

Physical Address _____ City _____ County _____ State _____ Zip Code _____

Mailing Address ☐ Same as above _____ City _____ County _____ State _____ Zip Code _____

Primary Phone Number _____ Fax Number _____

Email Address _____ Website _____

Contact Name _____ Title _____ Phone Number _____ Email Address ☐ Same as above

- ☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence will be emailed to the email address provided.

1.1 Does the driver training school have e-mail and internet access?

☐ Yes ☐ No

1.2 Number of instructors applying for examiner certification: _____

1.3 Number of driver training vehicles: _____

1.4 Has the driver training school been licensed for at least two (2) years?

☐ Yes ☐ No

1.4.1 Date driver training school approved: _____

1.5 Does the driver training school actively conduct a driver training course consisting of 30-hour classroom training and minimum of six (6) hours of behind-the-wheel training?

☐ Yes ☐ No

1.5.1 How many 30/ 6 classes have been taught in the past two (2) years? _____

1.6 Has the driver training school had any non-compliance issues in the past two (2) years?

☐ Yes ☐ No

1.6.1 If yes, please give details of non-compliance, use separate sheet if necessary:

Non-compliance _____ Date(s) _____

Non-compliance _____ Date(s) _____

Non-compliance _____ Date(s) _____



SECTION 2: Applicant Qualifications

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

Title

Phone Number	Email Address
--------------	---------------

2.1 Are you or your spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services?
☐ Yes ☐ No

2.2 Are there any criminal charges currently pending against you?
☐ Yes ☐ No

2.2.1 If you answered “Yes” to question 2.2, please provide the nature of the charges below.

Charge	State and County	Date
--------	------------------	------

Charge	State and County	Date
--------	------------------	------

2.3 Are you a United States citizen?
☐ Yes ☐ No

2.3.1 If you answered “No” to question 2.3, are you legally present in the United States?
☐ Yes ☐ No

NOTE: *Acceptable proof of citizenship or lawful presence may be required.*

SECTION 3: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will submit all reports and information as specified in the DDS rules and regulations, third party agreement, and department’s directives and will allow the examination and audit of the books, records, and files for my driver training and third party testing programs by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for tester certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature	Date
-----------------	------

Sworn to and subscribed before me

this ____ day of _____ 20____.

(SEAL)

Notary

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires:

CONTRACT NUMBER

(ALL CONTRACTS MUST BE PRE-NUMBERED AND IN DUPLICATE)

**THIS SPACE IS FOR THE FULL NAME OF THE SCHOOL
SCHOOL ADDRESS
SCHOOL TELEPHONE**

Name _____ Date of Road Skills Test _____

Address _____ Time of Road Skills Test _____

Road Skills Test Route _____

Date of Birth _____ Driver's License No. _____

Telephone No. _____ Student Fee _____

I, the undersigned student, agree to complete a road skills test consisting of a route approved by the Georgia Department of Driver Services (DDS) in accordance with required road test criteria and totaling a minimum of thirty (30) minutes of testing by the above-name Driver Training School. It is understood that this School is licensed by the DDS in accordance with Georgia Law Title 43-13-1 (DRIVER TRAINING SCHOOL LICENSE ACT) and is approved by the Department to administer on-the-road driving tests. The instructor conducting the road skills test is licensed by the DDS. **The student's successful passing of the above-named road skills test requires each of the following:**

1. **Successful completion of a State-approved 30/6 driver training course.**
2. **Timely attendance for the road skills test administration.**
3. **Successful passing of the road skills test in accordance with program rules.**

I understand that if I fail to comply with the terms and conditions of this agreement, I am in breach of contract and the school will not be under any obligation to fulfill the terms of this contract, and may, at its option, terminate this agreement immediately. I understand that if I arrive for the road skills test more than 15 minutes of the scheduled appointment time, the school will reschedule me to retest on another day.

It is agreed that an owner, instructor, or employee of this School shall not give the impression to a student that upon successful passing of their road skills test this School will guarantee the securing of a driver's license to operate a motor vehicle. However, immediately upon the student's successful passing of the road skills test as described above, the School agrees to provide certification of said passing to the student. All road skills tests must be conducted in English only.

This School has and will maintain for the protection of the contractual rights of the student a performance bond in the principal sum of twenty-five hundred (\$2500.00) dollars for the students to be written by a company authorized to do business in the State of Georgia. This School has and will maintain for the contractual rights of the student the required insurance for all vehicles used to conduct the above-name road skills test.

I understand that upon successful passing of the road skills test as described above, my results will be subject to a re-test administered by a designated representative of the DDS certified to administer the above-named road skills test and that the results of the re-test will be final. This agreement constitutes the contract between the above-named Driver Training School and the above-named student and no verbal statements will be recognized.

Signature of Student_____
Date_____
Signature of Authorized School Representative Date_____
Signature of Parent or Legal Guardian_____
Date

DRIVER TRAINING THIRD PARTY TESTER and EXAMINER AGREEMENT

This Agreement is made effective the _____ day of _____ between _____
(Effective Date Completed by DDS) (Tester)
whose address for the purpose of this Agreement is _____,
(Tester's address)
(hereinafter referred to as the Third Party Tester"); _____ whose address for the
(Examiner)
purpose of this Agreement is _____, (hereinafter referred
(Examiner's address)
to as the "Third Party Examiner") and the Department of Driver Services, an agency of the State of Georgia,
whose address for purpose of this Agreement is 2206 East View Parkway, Conyers, Georgia 30013 (hereinafter
referred to as the "Department").

WHEREAS, the Department is responsible for the administration and regulation of laws relating to driver training and licensing and the enforcement of laws, rules, and regulations relating to the issuance, suspension, revocation, and cancellation of driver's licenses;

WHEREAS, pursuant to O.G.C.A. §40-5-27, the Department may authorize educational institutions and business entities to conduct road skills tests for Class C and Class D Drivers Licenses on behalf of the Department and prescribe rules and regulations governing the administration of skills tests in accordance with applicable state law;

WHEREAS, the Department has authorized the Third Party Driver Training School to conduct road skills tests on its behalf and the Third Party Examiner and the Third Party Tester desires to do so;

NOW THEREFORE, for and in consideration of the mutual promises, the public purposes, and the acknowledgements and agreements contained herein, together with other good and adequate consideration, the receipt of which is hereby acknowledged, the parties do hereby agree as follows:

1. DEFINITIONS

- a. **Approved Testing Program:** The road skills tests required by the Department that shall be administered by a driver training school authorized as a third party tester in compliance with the Georgia Examiner's Manual for Class C and Class D Driver's License tests as that manual currently exists or as it may be modified in the future.
- b. **Examiner Identification Card:** A card issued to a driver training school employee designated by the school as an examiner by the Department authorizing him or her to conduct the road skills test required for a Class C or Class D Driver's License.
- c. **License:** The license issued to a driver training school authorizing them to participate in third party testing.
- d. **Monitor:** A Department employee responsible for conducting random examinations, inspections, and audits of Driver Training Third Party Testers and Examiners for compliance with state laws and regulations.
- e. **Third Party Tester:** A driver training school engaged in conducting road skills testing for Class C and Class D license applicants on behalf of the Department.

- f. **Third Party Examiner:** An individual employed by a driver training school who has been issued an examiner certificate by the Department authorizing the individual to conduct road skills tests on behalf of the third party tester .

2. **THIRD PARTY TESTER REQUIREMENTS**

The parties acknowledge and understand that the Third Party Tester must:

- a. Make application to the Department in a manner prescribed by the Department for approval as a driver training third party tester.
- b. Comply with all state and local laws, regulations, and Department rules.
- c. Maintain at the approved testing location a record of each student for whom the Third Party Tester conducts road skills tests, whether or not the driver passes or fails the test(s). Each driver's record must be maintained in a manner prescribed by the Department.
- d. Maintain at the approved testing location a record of the Third Party Examiner in the employ of the Third Party Tester who has administered skills tests at the location. Each record shall include:
 - A copy of a valid Examiner Identification Card indicating that the Third Party Examiner has met all department qualifications, and
 - A copy of the Third Party Examiner's current driver history.
- e. Ensure that all road skills tests administered by the Driver Training School Third Party Examiner are conducted in accordance with the requirements of this Agreement, the instructions of the Department and its representatives, and all state laws and regulations.
- f. Ensure that all road skills tests administered by the Driver Training School Third Party Examiner are conducted in a manner that minimizes the potential for compromising the integrity of the test.
- g. Provide documentation on a form prescribed by the Department, of each driver who successfully completes 30 hours of classroom and six (6) hours of behind-the-wheel instruction and who takes and passes the required road skills test(s).
- h. Designate an employee responsible for the administration of the third party testing program.
- i. Maintain compliance with the rules and regulations of the Driver Training Program.

Third Party Participant has read and understands the requirements listed on this page of the Agreement _____

Submit to the Department's designated representatives a testing schedule for each week by Friday of the preceding week, or as prescribed by the Department. The term "schedule" refers to "times, dates, and places" for the purposes of this subparagraph. No tests may be given if not specified on the schedule and approved by the Program Manager and/or Monitor. The DDS Program Manager and/or Monitor must approve all scheduling exceptions.

- j. Submit to the Department, in the prescribed format, a Weekly Skills Test Roster of road skills tests administered (pass or fail). Ensure that all skills tests scheduled by the Third Party Examiner are reported on this roster. The weekly skills test roster must be submitted to the Department within seven (7) days of completed tests each week. The notification roster may be substituted as the weekly skills test roster with (pass or fail) results.
- l. The third party tester agrees to furnish, upon request, appropriate vehicles as necessary for training and for retesting of students by the monitor.
- m. The third party tester acknowledges that students administered a road skills test have successfully completed thirty (30) hours of classroom instruction and six (6) hours of actual behind the wheel instruction.
- n. The third party tester must have computer with internet access to submit the weekly notification form by Friday of the week prior to testing, or as prescribed by the Department.
- o. The school is responsible for determining the eligibility of the student for testing.
- p. The third party tester must immediately contact their assigned DDS monitor, by telephone or e-mail, upon notification from the student of a test cancellation.

All files must be maintained under lock and key. No one other than the Third Party Examiner, Third Party Tester representative or a designated DDS employee is authorized to access these files.

3. LICENSES AND CERTIFICATIONS

Upon approval, the Department will issue a certificate that authorizes the Driver Training School Third Party Tester to operate an approved road skills testing program. Said certificate shall grant authorization for a period of two years unless earlier terminated by the Department. This agreement will expire on _____.

(Expiration Date Completed by DDS)

The Department and the Third Party Tester may renew this agreement upon tester having satisfactorily complied with all Department rules and regulations. The certificate must be displayed in a conspicuous place within the Third Party Tester's office. A separate copy of the agreement will be executed by each Third Party Examiner of the Third Party Tester.

An examiner identification card will be issued to each Third Party Examiner employed or hired by the Third Party Tester. The Third Party Examiner's card is non-transferable and shall be immediately surrendered to the Department in the event that the Third Party Examiner terminates the employment or contractual relationship with the Third Party Tester for any reason, or if the Department cancels and/or revokes the certificates of the Third Party Tester or Third Party Examiner.

Third Party Participant has read and understands the requirements listed on this page of the Agreement _____

4. TEST ADMINISTRATION

Skills tests may only be conducted:

- a. On test routes approved in advance by the Department;
- b. In a vehicle that is registered and insured in a manner prescribed by the Department and for which the Driver Training Third Party Examiner is qualified to test; and
- c. Using content, forms, and scoring procedures approved in advance by the Department. Each road skills test score sheet will contain the tag number of the vehicle. If there is no tag number on the vehicle no test may be administered.

The Third Party Tester acknowledges and understands that the Third Party Examiner will do the following:

- a. Not test relatives (by blood or marriage).
- b. Conduct the skills test in the following order: (1) Basic Control Skills and (2) On the road driving test. If the driver fails the basic control skills test, no further test will be administered.
- c. Comply with re-testing standards established by the Department.
- d. Not conduct or allow practice sessions at the test site, on the test route, or with the testing examiner prior to the actual test.
- e. Complete all road skills test score sheets with blue ink and execute each sheet with his or her signature. Each applicant must have an individual file maintained under lock and key, which contains all pertinent information pertaining to the applicant. No one other than the Third Party Examiner, designated school staff and designated DDS employees shall be authorized to access these files.
- f. Schedule Class C and Class D road skills tests at least 45 minute intervals not to exceed eight (8) tests per day..
- g. Conduct all road skills test in English only.
- h. Conduct road skills tests only for students who were enrolled in and successfully completed a 30/6 driver training course administered by the driver training school licensed as a third party tester.
- i. Be ready and willing to administer road skill tests on the dates and times submitted on testing schedule, unless prior cancellation has been received from the student or testing is cancelled due to acts of nature, such as flooding, fire or natural disaster.
- j. Road skills tests will not be conducted on state holidays.

Third Party Participant has read and understands the requirements listed on this page of the Agreement _____

5. FEES

The Third Party Tester may charge a testing fee to students who have successfully completed the required 30/6 driver-training course. Schools may incorporate such fee into the 30/6 driver training program course.

6. NOTIFICATION REQUIREMENTS

The Third Party Tester expressly grants access to employees and representatives of the Department at any time in order to conduct examinations, inspections, and audits. It is expressly understood that these examinations, inspections, and audits may be conducted at random, and that no prior notice must be given. It is expressly understood that these examinations, inspections, and audits will be conducted at least weekly but may be conducted any time a skills test is administered.

Inspections and audits will include, but are not limited to:

- a. Examination of any records relating to the third party testing program;
- b. Examination of road skills testing procedures, practices, and operations;
- c. Examination and inspection of vehicles used for testing;
- d. Review of the qualifications of the Third Party Examiner;
- e. A determination of the effectiveness of the skills test program by either:
 - The administration of skills tests by Department employees to a sample of drivers who have been issued skills test(s) certificates by the Third Party Examiner, utilizing the Third Party Tester's approved skills course and road test route; or
 - Random re-testing, by Department employees and at DDS Customer Service Centers, of drivers who have been issued skills test(s) certificates by the Third Party Examiner; or
 - Administration of the skills test(s) to Department employees to audit suitability of testing. No fee may be charged for testing a DDS employee for auditing/monitoring purposes; or
 - Additional monitoring and/or surveillance of the Third Party Program when an Examiner's Pass/Fail rates are not in line the Department's Pass/Fail rates.
- f. Review of any other aspect of the operation that is necessary to verify that the Third Party Tester is in compliance with the terms and conditions of this Agreement and applicable state statutes and regulations.

The Department may, but is not required, to prepare a written report of the results of each inspection and audit. If a written report is prepared, a copy will be provided to the Third Party Tester upon request.

Third Party Participant has read and understands the requirements listed on this page of the Agreement _____

7. INSURANCE REQUIREMENTS

Each Third Party Tester shall obtain and maintain bodily injury and property damage coverage on all motor vehicles used in the skills tests as required by state law. Such coverage shall insure the Third Party Tester, the Third Party Examiner, and the driver taking the skills test.

The Third Party Tester shall show evidence of such coverage during audits or other department reviews.

8. CONDUCT

No Third Party Examiner, employee, or agent of the Third Party Tester may solicit the enrollment of any individual in a driver training program or third party testing program on the Department's premises.

9. ADVERTISING

No Third Party Tester shall imply in any advertisement or otherwise that a program can issue a driver's license, guarantee the issuance of a driver's license by the Department, or in any way influence the actions of the Department in the issuance of driver's licenses or that preferential or advantageous treatment can be obtained from the Department.

10. CONFLICT OF INTEREST

The Third Party Tester shall not engage the services of an employee of the Department as a Third Party Examiner or agent or employee of the Third Party Tester.

11. SUSPENSION/DENIAL/CANCELLATION OF THIRD PARTY TESTING PROGRAM AND LICENSES

The Department may deny or cancel any application for a Third Party Tester license or Third Party Examiner's certification.

If more than a five (5) point differential exists between a Third Party Examiner test and the Department monitored test or if the pass/fail results were different on any portion of the test:

First Time: A 30-day suspension will occur

Second Time: Revocation of Third Party Testing license

12. REVOCATION OF THIRD PARTY TESTING PROGRAM AND LICENSES

The Department may take prompt and remedial action against the Third Party Tester in the event that the Third Party Tester fails to comply with state standards for the Driver Training program or with the terms and conditions of this Agreement.

Third Party Participant has read and understands the requirements listed on this page of the Agreement _____

The Department may revoke a license or certification upon determining that:

- a. The Third Party Tester or Examiner has made misstatements, misrepresentations, or material omissions in the application;
- b. The Third Party Tester or Third Party Examiner has failed to comply with any provisions of this agreement, the Department's instructions or state statutes or regulations;
- c. Records or information relating to the third party testing program have been falsified;
- d. The Third Party Tester or Third Party Examiner has committed any act that, in the judgment of the Department, compromises the integrity of the third party tester program; or
- e. The Third Party Examiner's driving privileges have been suspended, revoked, cancelled, or disqualified.

In lieu of revocation the Department may in its sole discretion postpone the action for a period not exceed thirty (30) days and afford an opportunity to correct any deficiency prior to making the revocation effective.

The Department reserves the right to take prompt and appropriate remedial action if State standards for the Driver Training road skills testing program are not complied with, or if any terms of this agreement are violated.

The Department of Driver Services may, in its discretion, cancel this third party agreement at any time. It is expressly agreed that, if this is done, the third party tester has no property interest in the continued operation of the third party tester program and that the Third Party Tester shall not be eligible for an appeal as described in Paragraph 14 herein below.

13. SURRENDER OF LICENSE

The Third Party Tester or Third Party Examiner shall relinquish the license or certification upon thirty (30) days' prior notice to the Department. All forms certificates, manuals, and supplies furnished by the Department, including licenses and identification cares, shall be surrendered to the Department or its representatives within ten (10) days of relinquishing the tester or examiner license.

14. APPEAL PROCESS

Upon revocation of a license or certification, the Department shall provide notice via certified mail, return receipt requested. Such notice shall be deemed received within seven (7) days after mailing. The Third Party Tester or Examiner may request a hearing within ten (10) days of receipt of the notice. Upon timely receipt of the request, the Department shall schedule a hearing before a designated hearing officer of the Department. The hearing appeal process shall be in accordance with Chapter 13 of Title 50 of the Official Code of Georgia, the "Administrative Procedures Act."

If the Department does not receive the hearing request within the ten (10) day period, any rights to an appeal and hearing will be waived and the Department's action shall be effective upon the expiration of the ten (10) day period.

Third Party Participant has read and understands the requirements listed on this page of the Agreement _____

15. SEVERABILITY

If any term or provision in this Agreement shall be deemed illegal or unenforceable then, notwithstanding the offending terms or provisions, this Agreement shall remain in full force in effect and such terms or provisions shall be deemed stricken.

16. WAIVER

The waiver by either party of any breach of any provision contained in this Agreement shall not be deemed to be a waiver of such provision on any subsequent breach of the same or any other provision contained in this Agreement.

17. ENTIRE AGREEMENT

This document, and any other matters incorporated herein by reference, constitutes the sole and entire Agreement between the parties. No modifications shall be effective unless memorialized in writing, duly signed by the representatives of both parties; provided however, that this provision shall not invalidate any directives or instructions given by the Department's representatives where authorized by this Agreement.

IN WITNESS THEREOF, the parties have executed this agreement.

GEORGIA DEPARTMENT OF DRIVER SERVICES

BY: _____ DATE: _____

NAME: _____
(Signature of DDS Representative)

TITLE: _____
(Title of DDS Representative)

THIRD PARTY TESTER (*Owner of Driver Training School*)

BY: _____
(Signature of Tester)

NAME: _____
(Print)

TITLE: _____
(Print)

THIRD PARTY EXAMINER (*Driver Training Instructor*)

BY: _____
(Signature of Examiner)

NAME: _____
(Print)

TITLE: _____
(Print)